MDS-RCA: The Mini-Series
Session #1

Case Mix Team
October 2020

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MDS-RCA
Welcome

New MDS Coordinator

Confidence

Training Wheels

Helmet for safety

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MDS-RC: The Mini-Series Agenda

MDS-RCA Training: Mini-Series #1

- History of MDS-RCA
- Purpose:
- Definitions
- Type of Assessments
- Schedule of Assessments
- Case Mix Index and RUGs
- Accuracy and Sanctions
- Resources
- Quality Indicators
- Section G – The Golden Ticket items

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MDS-RCA History

Once upon a time…

a workgroup made up of providers, Muskie School and DHHS representatives was established, in 1994, to provide recommendations for development of:

- MDS-RCA form design and content
- Classification system
- Case Mix payment system
- Quality Indicators

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MDS-RCA History

1995 Time Study

Twenty five facilities, with a total of 626 residents, participated in this time study. This included the following residents:

- In small facilities
- With head injuries
- With Alzheimer's Disease
- With Mental illness

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MDS-RCA History

1999 Time Study

Thirty-two Facilities, with a total of 735 residents, participated in the second time study. Facilities were selected according to:

- Overall population
- Presence of complex residents
- Presence of residents with mental health issues
- Presence of residents with Alzheimer's or other Dementia
- Presence of elderly population

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MDS-RCA History

1999 Time Study Results

- Residents were *more* dependent in ADL's
- There was an increase in residents with Alzheimer's and other Dementias.
- There was an increase in wandering and intimidating behaviors.
- There was an increase in the amount of time needed to care for these residents
- The Case Mix Grouper needed to be revised

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MDS-RCA Training

Who, Where, Why and, When…

of Case Mix

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MDS-RCA Training

So… *Who* completes the MDS-RCA?

…The MDS-RCA Coordinator with a little help from:

- ✓ The resident
- ✓ Personal Support Specialists
- ✓ CRMA
- ✓ family
- ✓ clinical records
- ✓ Social Services
- ✓ dietary, activities and other staff

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And… *Where* is the assessment done?

MDS-RCA assessment is completed in the facility

- ➢ All residents
- ➢ Regardless of payer source

The MDS-RCA cannot be completed if the resident is *not* in the facility. For example, if in the hospital or on a therapeutic leave

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MDS-RCA Training

And… *Why* do we need to do MDS-RCA Assessments?

1. To provide information to guide staff in developing a realistic individualized Service Plan.
2. To place a resident into a payment group within the Case Mix System.
3. To provide information that determines the Quality Indicators.
4. To show an accurate picture of the resident's condition, the type and amount of care needed
5. Improve equity of payment to providers
6. Provide incentives to facilities for accepting residents with higher care needs
7. Strengthens the quality of care and quality of life for residents.

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Schedule of Assessments:

Type of Assessment	When Performed	When does it need to be completed
Admission Assessment	initial admission	By the end of 30th day after admission as represented by S2b date; Admission date is counted as day one.
Semi-Annual Assessment	Within 180 days of the last MDS-RCA, sequenced from the S2b date of the previous assessment	Within 7 days of the assessment date entered in A5, as represented by S2b date
Annual Assessment	Within 180 days of the most recent semi-annual MDS-RCA assessment	Within 7 days of Assessment date entered in A5 as represented by S2b date
Significant Change Assessment	Only if significant change has occurred	By 14th day after change has occurred as represented by S2b date
Other	When requested by Case Mix Nurse. This will "reset" the clock for all subsequent assessments	Within 7 calendar days of Case Mix nurse visit as represented by S2b date
Discharge Tracking Form	When a resident is discharged, transferred or deceased	Within 7 days of the event
Basic Assessment Tracking Form Identification Information	Provides key information to uniquely identify each resident and to track the resident in an automated system	Complete with all assessments and discharges within 7 days of the event

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When do you complete a Significant Change MDS-RCA assessment:

- Resident has experienced a "major change"
- Not self-limited
- Impacts two or more areas of the resident's clinical status
- Requires revision of the service plan
- Improvement or decline

Documentation of the identification of the event or situation that may lead to completion of a significant change assessment must be in the resident's clinical record.

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Timeliness

MaineCare Benefits Manual, Chapter III, Section 97, §7060.1:

"The Department will sanction providers for failure to complete assessments completely, accurately and on a timely basis."

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Accuracy

Each assessment must be completed or coordinated by staff *trained in the completion of the MDS-RCA.*

Documentation is required to support the time periods and information coded on the MDS-RCA. (MBM, chapter III, Section 97, Appendix C, §7030.3)

Penalty for Falsification: The provider may be sanctioned whenever an individual willfully and knowingly certifies (*or causes another individual to certify*) a material and false statement in a resident assessment.

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And… What is Case Mix?

Case Mix is a system of reimbursement that pays facilities according to the amount of time spent providing care to residents.

Residents are grouped according to the amount of time needed to provide care

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Case Mix Quality Assurance Review

About every 6 months, a Case Mix nurse reviews a sample of MDS-RCA assessments and resident records to check the accuracy of the MDS-RCA assessments.

Insufficient, inaccurate or lack of documentation to support information coded on the MDS-RCA may lead to an error.

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Poor Documentation could mean…

Lower payment than the facility could be receiving, OR

Overpayment which could lead to re-payment to the State (Sanctions). This is due to either overstating the care a resident received or insufficient documentation to support the care that was coded.

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Sanctions:

2%	Error rate 34% or greater and less than 37%
5%	Error rate 37% or greater and less than 41%
7%	Error rate 41% or greater and less than 45%
10%	Error rate 45% or greater
10%	If requested reassessments not completed within 7 days

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Case Mix Resident Classification Groups and Weights

There are **15** case mix classification or RUG (Resource Utilization Groups) groups, including one default group used when a resident cannot be classified into one of the other 14 classification groups.

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5 categories:

- Impaired Cognition
- Clinically Complex
- Behavioral Health
- Physical
- Default or Not Classified (BC1)

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MAINECARE RCF RESOURCE GROUP WEIGHTS

Resident Group	Order	Short description	MaineCare Weight
IC1	1	IMPAIRED 15-28	2.250
IB1	2	IMPAIRED 12-14	1.568
IA1	3	IMPAIRED 0-11	1.144
CD1	4	COMPLEX 12-28	1.944
CC1	5	COMPLEX 7-11	1.593
CB1	6	COMPLEX 2-6	1.205
CA1	7	COMPLEX 0-1	0.938
MC1	8	BEHAVIORAL HEALTH 16-28	1.916
MB1	9	BEHAVIORAL HEALTH 5-15	1.377
MA1	10	BEHAVIORAL HEALTH 0-4	0.980
PD1	11	PHYSICAL 11-28	1.418
PC1	12	PHYSICAL 8-10	1.019
PB1	13	PHYSICAL 4-7	1.004
PA1	14	PHYSICAL 0-3	0.731
BC1	15	NOT CLASSIFIED	0.731

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The ADL index score is determined as follows:

ADL Function	Self-Performance	MDS-RCA Code	ADL Score
1. Bed Mobility (G1aa)	Independent	0	0
2. Transfer (G1ba)	Supervision	1	1
3. Locomotion (G1ca)	Limited Assistance	2	2
4. Dressing (G1da)	Extensive assistance	3	3
5. Eating (G1ea)	Total Dependence	4	4
6. Toilet Use (G1fa)	Activity did not occur	8	4
7. Personal Hygiene (G1ga)			

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Impaired Cognition Groups

Impaired Cognition	B3=3: severely impaired daily decision-making	3	IA1	0-11	Impaired Cognition low ADL	1.144
		2	IB1	12-14	Impaired Cognition medium ADL	1.568
		1	IC1	15-28	Impaired Cognition high ADL	2.25

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Clinically Complex Groups

Clinically Complex	At least one of the following conditions:	9	CA1	0-1	Complex low ADL	0.938
	I1a=1: diabetics receiving daily injections					
	I1r: aphasia					
	I1s: cerebral palsy					
	I1v: hemiparesis/hemiplegia					
	I1w: MS					
	I1z: quadriplegia					
	I1ww: explicit terminal prognosis					
	M1b: burns					
	M2a,b,c or d (coded >0): ulcers due to pressure or decreased blood flow					
	O4ag=7: diabetics receiving daily injections					
	P1aa: radiation / chemotherapy					
	P1ab: oxygen					
	P1bda>5: respiratory therapy 5 or more days per week					
	P3a=1, 2, or 3: monitoring for acute conditions	10	CB1	2-6	Complex medium ADL	1.205
	P3b=1, 2, or 3: monitoring for acute conditions	11	CC1	7-11	Complex high ADL	1.593
	P10>3 meaning 4 or more days with physician order changes	12	CD1	12-28	Complex very-high ADL	1.944

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Behavioral Health Groups

Behavioral Health	E1a-E1r: two or more indicators of depression, anxiety or sad mood (coded as 1 or 2), OR	6	MA1	0-4	Behavior Health low ADL	0.98
	P2a-p2j: three or more items checked. Three or more interventions or programs for mood, behavior, or cognitive loss, OR					
	J1e: delusions, OR					
	J1f: hallucinations	7	MB1	5-15	Behavior Health medium ADL	1.377
		8	MC1	16-28	Behavior Health high ADL	1.916

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Default and Physical groups

Not Classified	MDS-RCA RUG items contain invalid or missing data	1	BC1	n/a	Default	0.731
Physical	No additional items, assistance with ADL only	2	PA1	0-3	Physical low ADL	0.731
		3	PB1	4-7	Physical medium ADL	1.004
		4	PC1	8-10	Physical high ADL	1.019
		5	PD1	11-28	Physical very-high ADL	1.418

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MDS-RCA Training

Documentation errors vs. Payment errors

- A Payment error counts towards the final "error rate" presented at the time of the exit interview.
- A Documentation or clinical error does not count towards the final error rate.
- Both types of errors must be corrected

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MDS-RCA Training

What are Quality Indicators??

- Identify flags
- Identify exemplary care
- Identify potential care problems
- Identify residents for review
- Provide general information
- Identify education needs
- Based solely from responses on the MDS-RCA

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MDS-RCA Training

Quality Indicator Reports

The "PNMI Residential Care Facility Quality Indicator" report is prepared & mailed to each facility every 6 months.

If there is a change of administrator, notify Catherine Gunn at Muskie by phone (780-5576) or email (Catherine.gunn@maine.edu) to ensure Quality Indicator reports are addressed to the correct person.

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MDS-RCA Training

QI 1 Prevalence of Bladder Incontinence (High Degree of Incontinence)
QI 2 Prevalence of Bladder Incontinence (Low Degree of Incontinence)
QI 3 Prevalence of Bowel Incontinence (High Degree of Incontinence)
QI 4 Prevalence of Bladder Incontinence without Scheduled Toileting Plan
QI 5 Prevalence of Injury
QI 6 Prevalence of Falls
QI 7 Prevalence of Behavioral Symptoms
QI 8 Prevalence of Behavioral Symptoms without Behavior Management Program
QI 9 Prevalence of Resident using 9 or more Medications in last 7 days including PRNs
QI 10 Prevalence of Resident using 9 or more Scheduled Medications in last 7 days
QI 11 Prevalence of Cognitive Impairment
QI 12 Prevalence of Modified Long Term Cognitive Impairment
QI 13 Prevalence of Little or No Activity
QI 14 Prevalence of Anti-Psychotic Drugs
QI 15 Prevalence of Awake at Night
QI 16 Prevalence of Communication Difficulties
QI 17 Prevalence of Signs of Distress or Sad/Anxious Mood
QI 18 Incidence of Decline in Late Loss ADLs
QI 19 Incidence of Decline in Late Loss ADLs - High Risk
QI 20 Incidence of Decline in Late Loss ADLs - Low Risk
QI 21 Incidence of Decline in Early Loss ADLs
QI 22 Incidence of Decline in Early Loss ADLs - High Risk
QI 23 Incidence of Decline in Early Loss ADLs - Low Risk
QI 24 Incidence of Improvement in Late Loss ADLs
QI 25 Incidence of Improvement in Early Loss ADLs
QI 26 Prevalence of Emergency Room Visits without Overnight Stay
QI 27 Prevalence of Psychiatric Hospital Stays in last 6 months
QI 28 Prevalence of Hospital Stays in last 6 months
QI 29 Prevalence of Weight Loss
QI 30 Prevalence of Wheelchair as Primary Mode of Locomotion
QI 31 Prevalence of High Case Mix Index
QI 32 Prevalence of Pain
QI 33 Prevalence of Pain Interfering without Pain Management
QI 34 Prevalence of Anti-Psychotic use in Absence of Diagnosis
QI 35 Prevalence of Ulcers due to Any Cause
QI 36 Prevalence of Fecal Impaction

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MDS-RCA Training

Facility Name: TEST FACILITY Facility Internal Id: 99999 Facility MaineCare Number: 999999999

Resident Name	Effective Date	A6	Age	Quality Indicator Number: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36	Total
Last Name, First Name	2/8/2012	Adm	89	✓ ✓	14
Last Name, First Name	4/8/2012	Adm	78	✓ ✓	14
Last Name, First Name	12/27/2011	Sem	86	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	10
Last Name, First Name	5/7/2012	Sem	81	✓ ✓ ✓ ✓	4
Last Name, First Name	10/23/2011	Sem	80	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	7
Last Name, First Name	12/24/2011	Sem	92	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	9
Last Name, First Name	4/30/2012	Ann	84	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	9
Last Name, First Name	11/23/2011	Ann	90	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	11
Last Name, First Name	1/7/2012	Sem	82	✓ ✓	15
Last Name, First Name	1/5/2012	Sig	69	✓ ✓	8
Last Name, First Name	3/7/2012	Ann	64	✓ ✓	11
Last Name, First Name	12/29/2011	Sem	91	✓ ✓ ✓ ✓	2
Last Name, First Name	4/19/2012	Sem	96	✓ ✓	11
Last Name, First Name	5/13/2012	Adm	85	✓ ✓ ✓ ✓	2
Last Name, First Name	2/18/2012	Sem	85	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	6
Facility Total:				6 3 2 6 2 7 9 7 10 10 14 15 4 4 0 4 7 1 0 1 4 1 3 1 0 2 2 0 0 0 5 1 0 4 0 0	135

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MDS-RCA Training

TEST FACILITY	Resident Count: 15 Den. [1]	Num.		State Count: 3870 Den.	Num.		Percentile Rank.
1: Prevalence of Bladder Incontinence (High):	15	6	40.0%	3820	1369	35.8%	56
2: Prevalence of Bladder Incontinence (Low):	15	3	20.0%	3820	920	24.1%	47
3: Prevalence of Bowel Incontinence (High):	15	2	26.7%	3825	297	7.8%	77
4: Prevalence of Bladder Incontinence without Scheduled Toileting Plan:	6	6	100.0%	1963	1167	59.4%	72
5: Prevalence of Injury:	15	2	13.3%	3870	185	4.8%	89
6: Prevalence of Falls:	15	7	46.7%	3870	1429	36.9%	77
7: Prevalence of Behavioral Symptoms	15	9	60.0%	3870	1617	41.8%	66
8: Prevalence of Behavioral Symptoms without Behavior Management Program.	9	7	77.8%	1617	430	26.6%	81
9: Prevalence of Resident using 9 or more Medications in last 7 days including PRNs	15	10	66.7%	3870	2740	70.8%	0
10: Prevalence of Resident using 9 or more Scheduled Medications in last 7 days	15	10	66.7%	3870	2642	68.3%	40
11: Prevalence of Cognitive Impairment:	15	14	93.3%	3866	1539	39.8%	92
12: Prevalence of Modified Long Term Cognitive Impairment:	15	15	100.0%	3866	2758	71.3%	79
13: Prevalence of Little or No Activity:	15	4	26.7%	3867	1100	28.4%	54
14: Prevalence of Anti-Psychotic drugs:	15	4	26.7%	1963	1030	52.5%	55
15: Prevalence of Awake at Night	15	0	0.0%	3870	167	4.3%	0
16: Prevalence of Communication Difficulties:	15	4	26.7%	3870	718	18.6%	70
17: Prevalence of Signs of Distress or Sad/Anxious Mood	15	7	46.7%	3870	2265	58.5%	35
18: Incidence of Decline in Late Loss ADLs	12	1	8.3%	1617	660	40.8%	22
19: High Risk	3	0	0.0%	3870	192	5.0%	0

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MDS-RCA Training

Quality Indicators

Title	Description	MDS-RCA Variable Definition
1.) Prevalence of Bladder Incontinence (High Degree of Incontinence)	**Numerator:** All residents who were frequently incontinent or incontinent on most recent assessment. **Denominator:** Most recent assessment on all residents excluding those with Indwelling Catheter.	**Numerator:** Bladder Incontinence: (H1b=3 OR H1b=4) **Denominator:** Most recent assessment on all residents **Exclude:** Indwelling Catheter (H3d=1)
4.) Prevalence of Bladder Incontinence without Scheduled Toileting Plan.	**Numerator:** Residents without toileting plan and are occasionally incontinent to incontinent most recent assessment. **Denominator:** Residents who were occasionally incontinent to incontinent on most recent assessment excluding those with Indwelling Catheter.	**Numerator:** No scheduled toileting/other program (H3a=0) **Denominator:** Most recent assessment for all residents where bladder incontinence is occasionally incontinent to incontinent: (H1b=2 or H1b=3 or H1b=4) **Exclude:** Indwelling Catheter (H3d=1)

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MDS-RCA Training

What can you learn from the QI Report

- Allows each facility review the results and compare your facility's percentage to the state average.
- What could cause your facility to be higher or lower than other facilities?
- Verify that the resident's condition was accurately assessed at the time the MDS-RCA was completed
- Identify if facility changes are needed

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MDS-RCA Training

ADL SELF-PERFORMANCE

Measures what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days.

SECTION G. PHYSICAL FUNCTIONING

1. (A) ADL SELF-PERFORMANCE
   - 0. *INDEPENDENT*—No help or oversight —OR— Help/oversight provided only 1 or 2 times during last 7 days
   - 1. *SUPERVISION*—Oversight, encouragement or cueing provided 3 or more times during last 7 days —OR— Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days
   - 2. *LIMITED ASSISTANCE*—Resident highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times —OR— Limited assistance (3 or more times), plus weight-bearing support provided only 1 or 2 times.
   - 3. *EXTENSIVE ASSISTANCE*—While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times:
     - — Weight-bearing support
     - — Full staff performance during part (but not all) of last 7 days
   - 4. *TOTAL DEPENDENCE*—Full staff performance of activity during last 7 days
   - 8. *ACTIVITY DID NOT OCCUR DURING LAST 7 DAYS*

(B) **ADL SUPPORT CODES** (CODE *for MOST SUPPORT PROVIDED OVER EACH 24 HOUR PERIOD*) **during last 7 days; code regardless of person's self-performance classification.**

0. No setup or physical help from staff
1. Setup help only
2. One-person physical assist
3. Two+ persons physical assist
8. Activity did not occur during entire 7 days

		A SELF-PERFORMANCE	B SUPPORT
a.	**BED MOBILITY**– How resident moves to and from lying position, turns side to side, and positions body while in bed		
b.	**TRANSFER** – How resident moves between surfaces—to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)		
c.	**LOCOMOTION** – How resident moves to and returns from other locations (e.g., areas set aside for dining, activities, or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair		
d.	**DRESSING** – How resident puts on, fastens, and takes off all items of **street clothing**, including donning/removing prosthesis		
e.	**EATING** – How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)		
f.	**TOILET USE** – How resident uses the toilet room (or commode, bed- pan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes		
g.	**PERSONAL HYGIENE** – How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers)		

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MDS-RCA Training

(A) ADL SELF-PERFORMANCE

0. ***INDEPENDENT***—No help or oversight —OR— Help/oversight provided only 1 or 2 times during last 7 days
1. ***SUPERVISION***—Oversight, encouragement or cueing provided 3 or more times during last 7 days —OR— Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days
2. ***LIMITED ASSISTANCE***—Resident highly involved in activity; received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times —OR— Limited assistance (3 or more times), plus weight-bearing support provided only 1 or 2 times.
3. ***EXTENSIVE ASSISTANCE***—While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times:
   — Weight-bearing support
   — Full staff performance during part (but not all) of last 7 days
4. ***TOTAL DEPENDENCE***—Full staff performance of activity during last 7 days
8. ***ACTIVITY DID NOT OCCUR DURING LAST 7 DAYS***

(B) **ADL SUPPORT CODES** *(CODE for MOST SUPPORT PROVIDED OVER EACH 24 HOUR PERIOD)* **during last 7 days; code regardless of person's self-performance classification.**

	A	B
	SELF-PERFORMANCE	SUPPORT
0. No setup or physical help from staff		
1. Setup help only		
2. One-person physical assist		
3. Two+ persons physical assist		
8. Activity did not occur during entire 7 days		

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2.	**BATHING SELF-PERFORMANCE**	How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair.) ***Check for most dependent*** *in self-performance* during last 7 days. ☐ **0.** Independent—No help provided ☐ **1.** Supervision—Oversight help only ☐ **2.** Physical help limited to transfer only ☐ **3.** Physical help in part of bathing activity ☐ **4.** Total dependence ☐ **8.** Activity itself did not occur during entire 7 days

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MDS-RCA Training

Questions?

This completes session #1 of the MDS-RCA Mini-Series.

Email the help desk to register for other training sessions or to send questions for the forum call.

MDS3.0.dhhs@maine.gov

State of Maine website for handouts:

https://www.maine.gov/dhhs/oms/providers/case-mix-private-duty-nursing-and-home-health

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MDS-RCA Training

Reminders:

Call the MDS help desk to inquire or register for training.

ASK questions!

ASK more questions!

Attend training as needed

Evaluations would be appreciated so we can continually improve our training.

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Case Mix Team Contact Information

- **MDS Help Desk**: 624-4095 or toll-free: 1-844-288-1612
  MDS3.0.DHHS@maine.gov
- **Lois Bourque, RN**: 592-5909
  Lois.Bourque@maine.gov
- **Debra Poland RN**: 215-9675
  Debra.Poland@maine.gov
- **Emma Boucher RN:** 446-2701
  Emma.Boucher@maine.gov
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- **Sue Pinette, RN**: 287-3933 or 215-4504 (cell)
  Suzanne.Pinette@maine.gov

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Questions?

Sue Pinette RN, RAC-CT,
Case Mix Manager
207-287-3933

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